THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15727

FILED MAY 15 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3991

1. PLACE OF DEATH

a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Saint Louis Maternity

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY St Louis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkwood ? 4000

d. STREET ADDRESS (If rural, give location) Route 12 Box 114a

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) c. (Last) Goodin

4. DATE OF DEATH (Month) (Day) (Year) April 16 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) --

8. DATE OF BIRTH April 16 1953

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours 22 | Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --

10b. KIND OF BUSINESS OR INDUSTRY --

11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri

12. CITIZEN OF WHAT COUNTRY? --

13a. FATHER'S NAME Freddie Martin Goodin

13b. MOTHER'S MAIDEN NAME Vera Dene Gossage

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -- (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. --

17. INFORMANT'S SIGNATURE OR NAME Freddie & Vera Goodin ADDRESS Above

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Anoxia

DUE TO (c) Hyaline Membrane

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 7625

22. *I hereby certify that I attended the deceased from* April 15, *19*53, *to* April 16, *19*53 *that I last saw the deceased alive on* April 16, *19*53, *and that death occurred at* 10:25 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE Miriam M. Pennoyer (Degree or title) MD

23b. ADDRESS 630 S. Kingshighway

23c. DATE SIGNED 4-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 4-17-53

24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

24d. LOCATION (City, town, or county) Kirkwood, Mo. (State)

DATE REC'D BY LOCAL REG. APR 17 1953

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger ADDRESS Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Not Embalmed

..... Student Embalmer No. .....

working under my personal supervision.

Student ..... Not Embalmed
Student Embalmer

Signed Lee Klamberg

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.